

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90039 043 ****50.00

DOCUMENT # L06000043372



1. Entity Name

VAST FLICK, L.L.C.

Principal Place of Business

421 QUAY ASSISI
NEW SMYRNA BEACH FL 32169

Mailing Address

421 QUAY ASSISI
NEW SMYRNA BEACH FL 32169

Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

VASTINE, HARLAN R
421 QUAY ASSISI
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
VASTINE, HARLAN R
421 QUAY ASSISI
NEW SMYRNA BEACH FL 32169

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
VASTINE, ELIZABETH A
421 QUAY ASSISI
NEW SMYRNA BEACH FL 32169

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Harlan R. Vastine *Elizabeth A. Vastine* 4/17/07 386-690-3055